IPDR6702				NORTH CAROLINA		PAGE	: 1	
	09/10/2006		TPR	S CHECKWRITE SUMMARY REPORT		PAGE		
RUN DAIL:	09/10/2006			HECKWRITE DATE: 09/12/2006				
				FINANCIAL PAYER: NCDMH				
				FINANCIAL PAIER: NCDMh				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	398	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		0	0		0	398	398	0
3404904	WESTERN HIGHLAN	8599	172	DETAIL NOT COVERED BY COMBINAT				
	DS LME			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8534	120	SERVICE FACILITY LOCATION IS N	0	569	18186	17617
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		191	113	CLIENT ID NUMBER DOES NOT MATC				
			1	H PATIENT NAME				
2404012		11	0.47	AT TRUE NOR BY TOTAL OF				
3404910	PATHWAYS	11	241	CLIENT NOT ELIGIBLE ON SERVICE				
			1	DATE				
			1					<u> </u>
		0500	57	DESCRIPTION OF CONTRACT OF CON				
		8599	57	DETAIL NOT COVERED BY COMBINAT	18	418	3141	2723
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		142	10	OLITHIE TO WINDER NOT ON ORDER				
		143	49	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
2404010		0021	144	NAMES AND LOCATE TO PROPERTY OF				
3404912	CATAWBA COUNTYM	8931	144	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		143	/	CLIENT ID NUMBER NOT ON STATE	147	159	3495	3336
				ELIGIBILITY FILE				
		8599	4	DETAIL NOT COVERED BY COMBINAT				
		8599	4					
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404012		0.1	1.000	DUDY TOURD OF OVERTILE OVERTILE				
3404913	MECKLENBURG COM	21	1683	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
			1					
		8933	693	ADTNC INELIGIBLE TO RECEIVE SE				-
		0333	533	RVICES IN IPRS.	862	3464	3911	447
		+	+					1
		+	+					-
		11	333	CLIENT NOT ELIGIBLE ON SERVICE	-	1	 	-
			1	DATE				1
	1	+	+		-	1	 	+
	1	+	+		-	1	 	+
3404916	CROSSROADS BEHA	11	8	CLIENT NOT ELIGIBLE ON SERVICE				
		1	+	DATE	-	1	 	+
	VIORAL HEAL	+	+		-		1	
	1	+	+		-	1	 	+
	1	0	0		_	8	45	37
	+	+	+		0	8	45	37
	1	+	+		-	1	 	+
3404917	CENTERPOINT HUM	8599	209	DETAIL NOT COVERED BY COMBINAT	-	1	 	+
	AN SERVICES	1		ION OF RECIPIENT, PROVIDER AND				
	THE SERVICES	+	+	BENEFIT PACKAGE.				
	1	+	1					
		11	54	CLIENT NOT ELIGIBLE ON SERVICE	56	469	6056	5587
		+	+	DATE	36	469	6036	3387
	1		+					
				1	i i	i .		
		143	49	CLIENT ID NUMBER NOT ON STATE				
		143	49	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		143	49					

	1		1				momar	momar
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8599	78	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENEFII FACAGE.				
		8931	60	AMTNC INELIGIBLE TO RECEIVE SE	61	307	4039	3732
				RVICES IN IPRS.				
		8536	52	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404920	ALAMANCE CASWEL	8599	879	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	470	DUPLICATE OF CLAIM-SYSTEM				
		21	478	DUPLICATE OF CLAIM-SISTEM	140	2124	3202	107
		8621	156	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
		1	1	FOR ADDITIONAL SERVICE.				
3404921	ODINGE PERSON -	11	950	CLIENT NOT ELIGIBLE ON SERVICE	1			
	ORANGE PERSON C HATHAM AREA			DATE				
	MITTIAN ANDA	+	†					
			1					
		3411	341	PROVIDER TYPE AND SPECIALTY 07	4	1604	3643	2039
-				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8599	145	DETAIL NOT COVERED BY COMBINAT				
		0333	1.0	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	8535	108	SERVICE FACILITY LOCATION WAS				
	ER			NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	106	DETAIL NOT COVERED BY COMBINAT	0	325	4253	3928
		0333	100	ION OF RECIPIENT, PROVIDER AND	0	323	4253	3928
				BENEFIT PACKAGE.				
		8329	61	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404923	ETTE COUNTY MU	11	726	CLIENT NOT ELIGIBLE ON SERVICE				
3101323	FIVE COUNTY MH		720	DATE				
		8599	221	DETAIL NOT COVERED BY COMBINAT	0	1265	2756	1491
				ION OF RECIPIENT, PROVIDER AND				
		+	+	BENEFIT PACKAGE.	1			
		3411	92	PROVIDER TYPE AND SPECIALTY 07	 			
		1	1	4/113 CANNOT BILL ENHANCED	<u> </u>			
			1	BENEFIT SERVICES ON OR AFTER D				
3404925	SANDHILLS CENTE	120	93	CLIENT ID NUMBER MISSING OR IN				
	R FOR MH/DD	1	1	VALID. ENTER CID AND SUBMIT				
		+	+	NO A NEW CERTIF	1			
		8599	67	DETAIL NOT COVERED BY COMBINAT	35	339	8862	8523
		+	†	ION OF RECIPIENT, PROVIDER AND	35	339	0062	0323
			1	BENEFIT PACKAGE.				
-			1			-	-	
		11	34	CLIENT NOT ELIGIBLE ON SERVICE				
		+	1	DATE	1			
		+	+		 			
3404926	SOUTHEASTERN RE	21	461	DUPLICATE OF CLAIM-SYSTEM	<u> </u>			
	G MENTAL HL							
			1					
		3411	326	PROVIDER TYPE AND SPECIALTY 07	18	1141	4380	3239
		1	1	4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		+	1	DENDETT SERVICES ON OR AFTER D	1			
		8599	175	DETAIL NOT COVERED BY COMBINAT	 			
					1			-
				ION OF RECIPIENT, PROVIDER AND				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	CAUA	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	120	4	CLIENT ID NUMBER MISSING OR IN				
	HC			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		21	2	DUPLICATE OF CLAIM-SYSTEM	-			
			-	DOLLIGHT OF CHILD STOTES	-	. 13	176	163
		79	1	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404930	JOHNSTON COUNTY	11	84	CLIENT NOT ELIGIBLE ON SERVICE				
	MNTL HLTHC			DATE				
		23	6	SERVICE REQUIRES PRIOR APPROVA		90	153	63
				L	,	30	155	- 03
3404931	WAKE CO HUM SVC	21	10902	DUPLICATE OF CLAIM-SYSTEM				
	BILLING OF			+				
	1							
		11	1638	CLIENT NOT ELIGIBLE ON SERVICE	(13402	14030	628
				DATE				
		8599	218	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404022		11	7.5	CLIENT NOT ELIGIBLE ON SERVICE				
3404933	SOUTHEASTERN CT R FOR MH/DD	11	75	DATE				
	R FOR MIT/DD							
		79	5	THIS SERVICE IS NOT PAYABLE TO	2	92	181	89
				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
				PROVIDER TIPE AND SPECIALTY IN				
		8599	5	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404934		11	110	CLIENT NOT ELIGIBLE ON SERVICE				
3.0.55.	ONSLOW CARTERET BEHAV HEAL		110	DATE				
	DEHAV HEAD							
		3411	88	PROVIDER TYPE AND SPECIALTY 07	(266	748	482
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
				DENTITY OF ON ON THE PARTY				
		8599	24	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
3101333	HEALTH CTR			NO BILL TO RELOKE				
			+					
		0	0		(0	0	0
		0	0		(0	0	0
3404936	WILSON-GREENE M	0 21	0	DUPLICATE OF CLAIM-SYSTEM	(0 0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	0 21	0	DUPLICATE OF CLAIM-SYSTEM	(0 0	0	0
3404936		0	0	DUPLICATE OF CLAIM-SYSTEM	(0 0	0	0
3404936		21	1	DUPLICATE OF CLAIM-SYSTEM				0
3404936		21	1	DUPLICATE OF CLAIM-SYSTEM	(3159	3158
3404936		21	1	DUPLICATE OF CLAIM-SYSTEM				3158
		21	0 1 1 0 0 26	DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM				3158
3404936	ENTAL HEALT	0						3158
	ENTAL HEALT EDGECOMBE NASH	0						3158
	ENTAL HEALT EDGECOMBE NASH	0		DUPLICATE OF CLAIM-SYSTEM		1	3159	
	ENTAL HEALT EDGECOMBE NASH	0 21	26			1		
	ENTAL HEALT EDGECOMBE NASH	0 21	26	DUPLICATE OF CLAIM-SYSTEM THIS SERVICE IS NOT PAYABLE TO		1	3159	
	ENTAL HEALT EDGECOMBE NASH	21 79	26	DUPLICATE OF CLAIM-SYSTEM THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN		1	3159	
	ENTAL HEALT EDGECOMBE NASH	0 21	26	DUPLICATE OF CLAIM-SYSTEM THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN CLAIM DENIED, SUBMITTED BEYOND		1	3159	
	ENTAL HEALT EDGECOMBE NASH	21 79	26	DUPLICATE OF CLAIM-SYSTEM THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN		1	3159	

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939		8534	42	SERVICE FACILITY LOCATION IS N				
3404939	NEUSE MENTAL HE	0334	42	OT A VALID IPRS ATTENDING				
	ALTH CENTER			PROVIDER. PLEASE VERIFY THE F				
		8599	26	DETAIL NOT COVERED BY COMBINAT		70	646	576
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	1	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404941	PITT CO MH/DD/S	21	1781	DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER							
		8599	1062	DETAIL NOT COVERED BY COMBINAT		5938	9144	3206
		0000	1002	ION OF RECIPIENT, PROVIDER AND		5938	9144	3206
				BENEFIT PACKAGE.				
		8537	832	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404942	ROANOKE CHOWANH	8931	6	AMTNC INELIGIBLE TO RECEIVE SE				
	UMAN SERVIC			RVICES IN IPRS.				
		21	=	DUPLICATE OF CLAIM-SYSTEM				
		21	2	DUPLICATE OF CLAIM-SYSTEM		17	142	125
							-	
							 	
		5404	3	SEVERE DUPLICATE: SAME ATTD PR				
			-	OV/PCODE/TOS/DOS/MOD				
3404943	ALBEMARLE MENTA	24	46	PROCEDURE CODE, PROCEDURE/MODI				
	L HEALTH CE			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8536	41	ATTENDING PROVIDER TYPE AND SP	42	167	1278	1111
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		0021	20	AMTNC INELIGIBLE TO RECEIVE SE				
		8931	29	RVICES IN IPRS.				
				RVICES IN IPRS.				
3404944	EASTPOINTE HUMA	8534	726	SERVICE FACILITY LOCATION IS N				
	N SERVICES		1	OT A VALID IPRS ATTENDING				
	N SERVICES			PROVIDER. PLEASE VERIFY THE F				
		8599	223	DETAIL NOT COVERED BY COMBINAT	2	1101	6728	5627
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	56	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR			1	
3404946	DOOMUTTE OF THE CO.	8535	3	SERVICE FACILITY LOCATION WAS			1	
- 101210	FOOTHILLS AREAM	0333	7	NOT INCLUDED IN YOUR 837.			 	
	ENTAL HEALT	+	+	PLEASE RESUBMIT YOUR CLAIM WIT		1	 	
						1	 	
		0	0	+		3	2	
						3	3	0
							1	
3404957	TIDELAND MENTAL	21	181	DUPLICATE OF CLAIM-SYSTEM				
	HEALTH CTR							
						<u> </u>		
		8599	16	DETAIL NOT COVERED BY COMBINAT	(210	3521	3311
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.			1	
		0021	4	AMPNO INDITCIDID TO PROPIUS OF				
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE			1	
				RVICES IN IPRS.			1	
							 	
3404979	NEW DIVERS SPESS	21	5	DUPLICATE OF CLAIM-SYSTEM			 	-
	NEW RIVER AREAM H/DD/SA PRO	+-	-				 	-
	II/DD/OM PRU	+	-	+			 	
			_				 	
		191	1	CLIENT ID NUMBER DOES NOT MATC		6	455	449
	i contract of the contract of		- 1	H PATIENT NAME				